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24972 7590 06/17/2005

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 666 FIFTH AVE
 NEW YORK, NY 10103-3198

07/27/2005 WASFAW2 00000129 10026106

01 FC:2501 700.00 OP
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Fani Malikouzakis (Depositor's name)
 Fani Malikouzakis (Signature)
 7/22/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/026,106	12/21/2001	Jean-Christophe Renaud	LUD 5752 DIV JEL/NDH (101)	7513

TITLE OF INVENTION: ISOLATED CYTOKINE RECEPTOR LICR-2

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAMUD, FOZIA M	1647	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fulbright & Jaworski LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ludwig Institute for Cancer ResearchNew York, New YorkPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 3

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- ☒ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500624 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Norman Hanson

Date

7/22/05

Typed or printed name

Registration No.

30,946

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARKS OFFICE**

Applicant(s): Jean-Christophe RENAULD
Serial Number: 10/026,106
Filed: December 21, 2001
For: ISOLATED CYTOKINE RECEPTOR LICR-2
Art Unit: 1647 Examiner: Fozia M. HAMUD
Class-Subclass: 435-069100 Confirmation No. 7513

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TRANSMITTAL LETTER

Sirs:

Enclosed for filing are: Fee amount

<input checked="" type="checkbox"/>	Issue Fee and Form PTOL-85b	\$ 700.00 (Small)
<input checked="" type="checkbox"/>	Publication Fee	\$ 300.00
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<input checked="" type="checkbox"/>	Advance Order (3 copies)	\$ 9.00
		Total \$ 1009.00

☐ Other:

☒ A check in the amount of **\$1009.00** is enclosed. In the event the enclosed check is unacceptable and/or insufficient to cover the required fees, or omitted, please charge our account No. 50-0624 as required.

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Respectfully yours,

Norman D. Hanson
Reg. No. 30,946

Duplicate copy enclosed
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New York, NY 10103
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